

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03699

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County CharlesCity or town Hughesville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County CharlesCity or town Hughesville
(If outside city or town limits, write RURAL and give nearest town)Street No. —

(If rural, give LOCATION)

2(a) If veteran, name war —

3. (a) FULL NAME

Joseph Brown

3. (b) Social Security Number

213-22-0370

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife —

7. Birth date of

deceased (mo., day, yr.)

JAN 6 19226. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

2431

hrs.

min.

9. Birthplace

Charles Co. Md

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FARMING

FATHER

12. Name

RANDOLPH BROWN

13. Birthplace

ST MARYS CO.

MOTHER

14. Maiden name

MARY ELLYN WOODLAND

15. Birthplace

ST MARYS CO MD

16. Informant

John W. BOARMAN

Address

Hughesville Md

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Apr. 10, 1946
(month) (day) (year)

Cemetery or crematory

ST MARYS

Location

Hughesville BRYANTOWN Md

18. Funeral director

ELMER M QUADE

Address

Hughesville Md

19. 4-8

(Date rec'd by registrar)

19. 46

Julius H. Parry
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1946 at 5:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased onApril 7,1946

to

19—and that I ~~last~~ saw him live on April 7,1946

Immediate cause of death

Hemorrhage

DURATION

Ninety

Due to

Gunshot wound of neck

"

Due to

Homicide

"

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 4-7-46Where did injury occur? Hughesville, Charles Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury ShotgunInjured at work? No

Deputy Medical Examiner

23. SIGNATURE James P. MacKinnon, MD M. D. or otherAddress St Charles Date signed 4-8-46

REC

APR 10 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

03700

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles
City or town La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Physicians' Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Caulby

3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

M

W

S.

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) 4-7-46

8. AGE: Years..... Months..... Days..... If less than one day.....
..... hrs. min.

9. Birthplace La Plata, Charles, Md
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Edgar Caulby

13. Birthplace Charles C., Md

14. Maiden name Jane Storie

15. Birthplace Charles C., Md.

16. Informant Edgar Caulby
Address Newbury, Md.

17. Burial Date thereof 4-9-46
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Springfield Cemetery

Location Wayside, Md.

18. Funeral director Beatty & Ryan

Address Waldorf, Md

19. 4-8 19 46 Julius H. Pacey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 4-7 19 46 at 8²³ P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-7 19 46, to 4-7 19 46, and that I last saw him alive on 4-7 19 46

Immediate cause of death.....

Atelectasis
prematurity 8 7 1/2 mos.
Due to.....
Due to.....

DURATION

4-7-46

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE [Signature] M. D. or other
Address La Plata, Md Date signed 4-8-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 76

03701

105

FILM No. I 04 MAY 10 1946

CERTIFICATE OF DEATH

★ Reg. Dist. No.

1. PLACE OF DEATH:

County..... *Charles*
 City or town..... *Bryantown*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
 Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

George Ignatius Gardiner

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M *W* *Married*

6. (b) Name of husband or wife *Marie Gardiner*

7. Birth date of deceased (mo., day, yr.) *May 17, 1879*
 8. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
55 *67* *11* *11* hrs. min.

9. Birthplace..... *Chas. co.*
(Town, county, and state)10. Usual occupation..... *Retired Grocer Salesman*

11. Industry or business.....

12. Name..... *Thomas L. Gardiner*13. Birthplace..... *Chas. co. ind.*14. Maiden name..... *Fannie Mudd*15. Birthplace..... *Chas. co. ind.*16. Informant..... *George L. Gardiner Jr.*Address..... *La Plata, Md.*17. Burial..... *St. Mary's*Cemetery or crematory..... *Bryantown, Md.*

Location.....

18. Funeral director..... *Ward & Ryon*Address..... *Ward & Ryon*19. *4-30* *46* *M R Moore*

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Md.* County..... *Charles*

City or town..... *Bryantown, Md.*
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2. (a) If veteran, name war.....

MEDICAL CERTIFICATION *46*20. DATE OF DEATH..... *4-28*..... 19..... *45* at *11* *PM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept 19 19..... *45*, to..... *4-28* 19..... *46*
 and that I last saw h..... alive on..... *4-28-46*..... 19.....

Immediate cause of death..... *Coronary Heart Failure*..... DURATION..... *12-10-45*

Due to..... *Hypertensive Heart Disease*..... *9-19-45*

Due to.....

Other conditions.....

Arterio Sclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... *E. Hedden*..... *11*Address..... *La Plata Md*..... M. D. or other.....Date signed..... *4-29-46*

10000

RECEIVED
MAY 2 1946
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03702

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles
 City or town La Plata
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 hrs.
 Hospital, institution, or street address where death occurred:
Physician Memorial Hospital
 How long in hospital or institution? 2 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD. County Charles
 City or town Bel Alton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) if veteran, name war _____

3. (a) FULL NAME

Frances Lee Goldsmith

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Wilfred A. Goldsmith 6. (c) If alive, give age 22 years
 7. Birth date of deceased (mo., day, yr.) June 3, 1927
 8. AGE: Years 18 Months 10 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Bellay, Kentucky
 (Town, county, and state)
 10. Usual occupation House

11. Industry or business own home
 12. Name William A. Colbert
 13. Birthplace Goshen, N.C.
 14. Maiden name Claudia M. Turner
 15. Birthplace Va.

16. Informant Wilfred A. Goldsmith
 Address Bel Alton, Md.

17. Burial Date thereof 4-19-46
 (Burial, cremation, or removal, Which) (month) (day) (year)
 Cemetery or crematory St. Ignace
 Location Bel Alton, Md.
Huntt & Ryan

18. Funeral director Waldorf Md.
 Address _____

19. 4-17 19 46 Julia H. Pacey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 19 46 at 10:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on April 17 19 46, to _____ 19 _____
 and that I last saw him on April 17 19 46

Immediate cause of death Lacerated wound of uterus DURATION 3 hrs.

Due to Accidental shooting 3 hrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Same as above Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4-17-46

Where did injury occur? Bel Alton Charles MD
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shotgun Injured at work? No

Dep. Med. Examiner

23. SIGNATURE James I. McKinnon, M.D. M. D. or other _____

Address La Plata, Md. Date signed 4-17-46

KUTCH

RECEIVED

MAIL CONTENT

RECEIVED
APR 20 1946
BUREAU V F

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Charles Registration Dist. No. 0379327
 Village or City Assess No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William H. Joyce
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>B</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary G. Joyce</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 14 - 1871</u>		
7. AGE <u>75</u> Years	Months <u>1</u>	Days <u>23</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>factory man Schenck</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>James</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) _____ (State or country) <u>Carroll County</u>		
FATHER	13. NAME <u>John Joyce</u>	
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Carroll County</u>	
MOTHER	15. MAIDEN NAME <u>Luzelia Cook</u>	
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Carroll County</u>	
17. INFORMANT <u>Mary G. Joyce</u> (Address) <u>Assess</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial</u> Date <u>4-8-1946</u>		
19. UNDERTAKER <u>Hunt & Myers</u> (Address) <u>Waldorf</u>		
20. FILED <u>4-7-1946</u> <u>W. H. Joyce</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>4-7-1946</u> (Month) (Day) (Year)	22. I HEREBY CERTIFY, That I attended deceased from <u>4-1-1946</u> to <u>4-7-1946</u> I last saw him alive on <u>4-6-1946</u> death is said to have occurred on the date stated above, at <u>2 P. M.</u> The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Heart</u> <u>Insufficiency</u> <u>4 mos.</u> Date of onset
Other Contributory Causes of importance:	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>J. B. Haddon</u> M. D. (Address) <u>Waldorf</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on

2411 N. Charles St., Baltimore 55-2

03704

CERTIFICATE OF DEATH

Reg. Dist. No. 105

FILM No. 104 MAY 10 1946

1. PLACE OF DEATH:

County Charles
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Charles
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Alexious Middleton

3. (b) Social Security Number

Middleton

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Mary

7. Birth date of deceased (mo., day, yr.)

April - 18 - 1866

6. (c) If alive, give age _____ years

8. AGE: Years 79 Months 18 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland Chas Co md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William J Middleton

13. Birthplace Chas Co md

14. Maiden name Mary E. Ryan

15. Birthplace Chas Co md

16. Informant Thomas Middleton Son

Address Maryland md

17. Burial Date thereof 4-17-46
(Burial, cremation, or removal, Which) (month) (day) (year)

Cemetery or crematory St Peter

Location Maryland md

16. Funeral director 1800 14th St N

Address Maryland md

19. 4-16 19 46 M. D. Middleton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 19 46, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-2 19 39, to 4-14 19 46

and that I last saw him alive on 4-13 19 46

Immediate cause of death C.A. Farotid (Left)

DURATION

10-?-44

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE _____

M. D. or other

Address La Plata Md Date signed 4-15-46

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

RECEIVED
APR 17 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17020

CERTIFICATE OF DEATH

03705

Reg. Diat. No. 100

1. PLACE OF DEATH:

County Charles
 City or town La Plata
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45
 Hospital, institution, or street address where death occurred:
Physicians Memorial Hospital
 How long in hospital or institution? 45 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County St Mary's
 City or town Charlotte Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Arthur Raley

3. (b) Social Security Number

7

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhite

6. (b) Name of husband or wife.

James Raley6. (c) If alive, give age 5-1 years

7. Birth date of deceased (mo., day, yr.)

March 14 1894

8. AGE:

Years

Months

Days

If less than one day

52—16

hrs.

min.

9. Birthplace

St Marys Co -
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

James Raley

13. Birthplace

St Marys Co. Md

14. Maiden name

15. Birthplace

16. Informant

William E. Raley

Address

Charlotte Hall

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4-3-46
(Month) (day) (year)

Cemetery or crematory

Trinity

Location

near Pleasantville

18. Funeral director

Edna McFarland

Address

Highsville, Md.

19.

4-2
(Date rec'd by registrar)

19

46Julius H. Posey

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 1,

19

46 at 3:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on

April 1,

19

46 to

19

and that I last

in

on

April 1,

19

Immediate cause of death

Prox. ruptured bladder and shock

Due to

Fractured pelvis

Due to

Automobile accident

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

AccidentDate of 4-1-46

Where did injury occur?

Near Market P.O., Charles,

(County)

(State)

Injured at home, farm, industry, public place (where?)

STATE RD. #1 (Md)

Means of injury

Struck by auto

Injured at work?

No

Dep. Med. Examiner

23. SIGNATURE

James L. Mackaway, M.D.

M. D. or other

Address

La Plata, P.D.Date signed 4-1-46

RECEIVED
APR 4 1946
BUREAU V S

1946
✓
4581

Wagner & Sons, Inc.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

03706

Reg. Dist. No. 101

1. PLACE OF DEATH:

County Charles
 City or town Indian Head
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 min.
 Hospital, institution, or street address where death occurred:
U.S.N. Dispensary; U.S.N. Powder Factory
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles
 City or town Marbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Albert Joseph Rison

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife — 6.(c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) Sept 25-1924
 8. AGE: Years about 21 Months — Days — If less than one day — hrs. — min.

9. Birthplace Marbury Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business —
 12. Name Marion G. Rison
 13. Birthplace Charles Co. Md.
 14. Maiden name Martha E. Bowie
 15. Birthplace Pisgah Md.

16. Informant Mary H. Rison
 Address 101 N. Car Ave St. Hook DE
Bureau
 17. (Burial, cremation, or removal, Which?) Burial Date thereof 4-16-46
 (month) (day) (year)
 Cemetery or crematory St Ignace
 Location St Ignace Md
 18. Funeral director Waldorf Md
 Address —
 19. 4-15 19 46 Mary Smith
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 19 46 at 8:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on
April 13 19 46 to — 19 —
 and that I last saw him on April 13 19 46

Immediate cause of death Fractured skull
 DURATION 1 1/2 hrs.

Due to Automobile accident
 DURATION 1 1/2 hrs.

Due to —
 Other conditions Comp. fract. left leg; fractured maxilla & black
 (Include pregnancy within 3 months of death)

Major findings of operations —
 Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 4-13-46

Where did injury occur? Bryans Rd, Charles, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Rd 224
 Means of injury Auto collision Injured at work? No

Deputy Medical Examiner

23. SIGNATURE John L. MacKavanagh, M.D.
 M. D. or other

Address P. A. Plata, Md. Date signed 4-13-46

CERTIFICATE OF DEATH

RECEIVED

APR 17 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3d)

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: ~~Benedict~~ Charles
 County.....
 City or town..... Benedict
 (If outside city or town limits, write RURAL and give nearest town)
 How long to above place of death? 30 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland..... County..... Charles.....
 City or town..... Benedict.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... none

3. (a) FULL NAME
 Elizabeth Alice Springfield

3. (b) Social Security Number
 none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Johnnie Springfield

7. Birth date of deceased (mo., day, yr.) March 19 1866 8.(c) If alive, give age..... years

8. AGE: Years 80 Months 0 Days 21 If less than one day..... hrs. min.

9. Birthplace..... St. Mary's Co
 (Town, county, and state)
 10. Usual occupation..... House Wife

11. Industry or business

12. Name..... William Bond

13. Birthplace..... St. Marys Co., Md

14. Maiden name..... Ann Hazel

15. Birthplace..... St. Mary's Co. Md

16. Informant..... Mrs. Charlie Higgs

Address..... Benedict, Md

17. Burial Date thereof 4-11-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Marys Cemetery

Location..... Bryantown, Md

18. Funeral director..... Elmer M. Quade

Address..... Hughesville, Md.

19. 4-10 19 46
 (Date rec'd by registrar)

23. SIGNATURE..... Louis C. Gareis M.D.
 Address..... Hughesville, Md. Date signed 4/9/46

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 9 19 46 3. A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 19 46 to April 9 19 46 and that I last saw him alive on April 9 19 46

Immediate cause of death..... Angina Pectoris

Due to..... Anterior ventricular Cardiac
 Vascular disease.

Due to.....

Other conditions..... Senility

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Louis C. Gareis M.D.

Address..... Hughesville, Md. Date signed 4/9/46

RECEIVED
AUG 12 1946
BUREAU OF A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-2

CERTIFICATE OF DEATH

★03708 105

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Charles
 City or town..... Waldorf
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Charles
 City or town..... Waldorf
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Laura Stewart

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... Negro 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Richard Stewart
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... 1859
 8. AGE: Years..... 87 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Ches Co md
 (Town, county, and state)
 10. Usual occupation..... House work
 11. Industry or business.....
 12. Name..... Alfred Grace
 13. Birthplace..... Ches Co md
 14. Maiden name..... Sophia P
 15. Birthplace..... Ches Co md

16. Informant..... Richard J. Stewart
 Address..... Waldorf md
 17. Burial Date thereof..... 4-18-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... St. Peter's
 Location..... Waldorf md

18. Funeral director..... Brown & Ryan
 Address..... Waldorf md
 19. 4-16 19 46 W. L. Moore
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 15, 19 46 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on
April 16, 19 46 to..... 19.....
 and that I last saw him on..... April 16, 19 46

Immediate cause of death..... Chronic myocarditis
 DURATION..... 2.3 mos.

Due to..... Generalized arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... Dep. Med. Examiner
John L. Mackenrogh, M.D.
 M. D. or other.....
 Address..... La Plata, Md. Date signed..... 4-16-46

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APR 17 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

03709

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles
City or town Lafayette Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie Swann

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M.

6. (b) Name of husband or wife

Thomas M. Swann

7. Birth date of

deceased (mo., day, yr.)

3-1-1875

6. (c) If alive, give age 75 years

8. AGE:

Years

Months

Days

If less than one day

70

1

Charles

Md.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Surf.

11. Industry or business

FATHER

12. Name

William Murphy

13. Birthplace

Charles Co Md.

MOTHER

14. Maiden name

Mary Duffey

15. Birthplace

Charles Co Md.

16. Informant

Bernard H. Murphy

Address

Marybury Md.

17.

Burial (Burial, cremation, or removal, Which?)

Date thereof

4-3-46

Cemetery or crematory

St Charles

Location

Indian Head Md

18. Funeral director

Smith & Ryan

Address

Wesley Md

19.

4-2

19 46

John H. Prany

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Charles

City or town

Lafayette Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

4-1

19

46 at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-8

19

40

to 4-1

19 46

and that I last saw him alive on

4-1

19 46

Immediate cause of death

DURATION

Congestive Heart Failure

75-40

Due to

Myocardial Heart Disease

Due to

unknown excited

Other conditions

2-8-40

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. L. Lashin

M. D.

Address

Lafayette Md

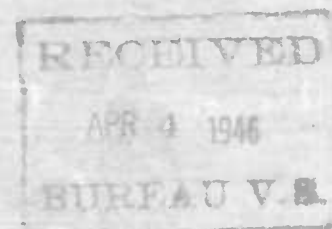
Date signed

4-1-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1312

03710

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles
City or town La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Physician: Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles

City or town Panfet
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Carrie Itood

3. (b) Social Security Number

4. Sex Female 5. Color or race Cal. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Frank Wood

7. Birth date of deceased (mo., day, yr.) April 1, 1905 6.(c) If alive, give age _____ years

8. AGE: Years 41 Months 0 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Charles Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dominic Woodland

13. Birthplace Charles Co., Md.

14. Maiden name Olivia

15. Birthplace _____

16. Informant Frank Wood

Address Panfet, Md.

17. Burial Date thereof 4-4-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Joseph

Location Panfet, Md.

18. Funeral director Heath & Ryan

Address Waldorf, Md.

19. 4-2 19 46 Julia H. Perry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 4-1-46 at 3:32 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-16 19 45, to 4-1 19 46

and that I last saw her alive on 4-1 19 46

Immediate cause of death Congestive Heart Failure DURATION 11-1-45

Due to Hypertension Heart Disease 7

Due to Nephritis

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. J. Edelen M. D. or other _____

Address La Plata Rd Date signed 4-2-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10310

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

TELEPHONE ROOM

MAIL ROOM

RECEIVED

APR 4 1946

COMMUNICATIONS SECTION

RECEIVED
APR 4 1946
BUREAU V.S.